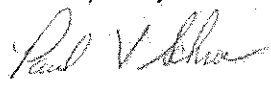


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 11/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  11/15/2013
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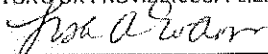
NAME OF PROVIDER OR SUPPLIER <b>MANOR CARE HEALTH SERVICES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3701 188TH STREET SOUTHWEST LYNNWOOD, WA 98037</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K-000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Manor Care Health Services, Lynnwood, Washington, on November 15, 2013, by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 113 bed facility with a census of 107, consisted of a Type V-111, 2 story structure, with a basement used for environmental services and was built in 1986. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>A Federal Life Safety Survey was conducted November 15, 2013. The Maintenance Director accompanied the Deputy State Fire Marshal throughout the facility tour and paperwork verification from 9:40 AM to 12:40 PM. While conducting the survey on November 15, 2013, no deficiencies were identified.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p> Deputy State Fire Marshal</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

11-15-13

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.